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**Circular No 255/2018  
Dated 16 Oct 2018**

To Members of the Malaysian Bar

**Revised Compendium of Personal Injury Awards**

We refer to [Circular No 210/2014](#), dated 17 Sept 2014, entitled “Finalised Compendium of Personal Injury Awards”.

In 2017, the Task Force to Review the Compendium of Personal Injury Awards (“Task Force”) — headed by Ravinder Singh Dhaliwal and R Ravindra Kumar — reviewed and revised the Compendium of Personal Injury Awards (“Compendium”). Several new types of injuries, with the corresponding quanta, have been included in the Compendium.

The Task Force completed its review, and the revised Compendium was approved by the Bar Council at its meeting on 10 Feb 2018. The approved revised Compendium was then forwarded to the Judiciary on 7 Mar 2018.

On 11 June 2018, the Task Force — represented by Ravinder Singh Dhaliwal, R Ravindra Kumar, Jagjit Singh, and John Fam Sin Nin — met with the Judiciary. At the meeting, the Judiciary requested the Task Force to make minor changes to the revised Compendium.

After the meeting with the Judiciary, the Task Force began to finalise the Compendium, taking into account the comments made by the Judiciary. On 11 Aug 2018, the Bar Council approved the revised Compendium, and the revised compendium was sent to the Judiciary on 30 Aug 2018.

The Registrar of the High Court of Malaya has informed us, via a letter dated 4 Oct 2018, that the Judiciary has agreed with the proposed quanta in the Compendium.

We wish to highlight to Members that the Compendium is merely a **guideline**, intended as a quick reference for judges and lawyers. The Compendium is not meant to stifle the rights of the parties to submit below or above the stipulated quantum, nor is it meant to fetter the discretion of the court. Judges and lawyers are at liberty to depart from the Compendium if case law or factual circumstances so dictate.

A copy of the final revised Compendium is attached for your reference.

Should you have any enquiries, please contact Najwa Hamid, Officer, by telephone at 03-2050 2102, or by email at [najwa@malaysianbar.org.my](mailto:najwa@malaysianbar.org.my).

Thank you.

**Jaspal Singh Gill and Ravinder Singh Dhaliwal  
Co-Chairpersons  
Task Force to Review the Compendium of Personal Injury Awards**



# **REVISED COMPENDIUM OF PERSONAL INJURY AWARDS**

**Prepared by:**

**Task Force to Review Compendium of Personal Injury Awards  
Bar Council Malaysia**

**6 July 2018**

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## **Skeletal system**

*(Extracted from 1994 Clark Boardman Callaghan)*

Skeleton

Face; Skull

Skull & Face; Le Fort Classification of Facial Fractures

General; Vertebral Column

Lumbosacral; Vertebrae

Shoulder

Elbow & Forearm

Wrist & Hand

Wrist & Hand; Scaphoid Fracture

Wrist Bones

Wrist & Hand; Carpal Dislocation

Ribs; Rib Cage

Pelvis, Hip & Thigh; Male Pelvis

Pelvis, Hip & Thigh; Hip Joint

Knee & Leg

Knee & Leg; Anterior Cruciate & Medial Collateral Ligament Tears

Knee & Leg; Posterior Cruciate & Lateral Collateral Ligament Tears

Ankle & Foot

## **PREFACE**

In early 2007, the Kuala Lumpur Bar highlighted the inconsistency of awards to YAA Tan Sri Datuk Seri Panglima Richard Malanjum, Chief Judge of the High Court in Sabah and Sarawak (“CJSS”) and proposed that a compendium would ideally serve the purpose of expediting matters in Court. Thereafter, the Kuala Lumpur Bar (KL Bar) was engaged by the CJSS to propose a pre-action protocol for personal injury matters on a trial basis in the KL Courts.

The pre-action protocol did not materialise but the proposal to have a Compendium was eventually pursued. In 2007, the KL Bar set up a working committee chaired by Mr. R. Ravindra Kumar, to draft the Compendium. When the draft of the Compendium of Personal Injury Awards (“Compendium”) was completed, a Task Force to Review the Compendium of Personal Injury Awards (“Task Force”) was formed.

Throughout June 2009 to April 2010, the Task Force worked on reviewing the Compendium, constantly seeking to improve by requiring Members of the Bar for feedback vide Circular No 173/2009 dated 19 June 2009, Circular No 286/2009 dated 15 Oct 2009 and Circular No 335/2009 dated 10 Dec 2009.

The Task Force completed its review on 7 May 2010 and on 2 Sept 2010, submitted the Revised Compendium to YAA Tun Dato’ Seri Arifin bin Zakaria, Chief Justice of Malaysia.

YAA Tun Dato’ Seri Arifin bin Zakaria via a letter dated 11 Oct 2010 informed that the Judiciary was agreeable with the proposed quanta in the Compendium. Thereafter, Circular No 258/2010 dated 26 October 2010 was issued, informing Members of the Bar of the Judiciary’s decision.

In 2013, The Task Force undertook to review and update the Compendium. After receiving feedback from Members of the Bar, the Task Force finalised and upon receiving the approval of the Judiciary, released the Revised Compendium of Personal Injury Awards dated 17 April 2014 vide Circular No 210/2014 dated 17 Sept 2014.

In mid-2017, the Task Force under the Chairmanship of Mr. R. Ravindra Kumar and Mr Ravinder Singh Dhaliwal reviewed and revised the Compendium. Several new injuries with the quanta were incorporated in the Revised Compendium of Personal Injury Awards.

The Compendium is merely a guideline, and is intended to be a quick reference document for the Judges and Lawyers. The Compendium is not meant to stifle the rights of the Parties to submit below or above the stipulated quantum, nor is it meant to fetter the Courts' discretion. As such, Judges and Lawyers are at liberty to depart from the Compendium in the event Case Law or factual circumstances so dictate. In this connection, it would be appropriate to look at the current trend and attitude of the Courts when adopting figures from the Compendium. In a very recent case of **ABDUL WAFFIY BIN WAHUBBI & ANOR v. A K NAZARUDDI BIN AHMAD [2017] 2 PIR 1**, the Court by way of obiter stated as follows:

[39] It is axiomatic and imperative that when awarding damages for pain and suffering for personal injuries, the court must endeavour to ensure that the sum awarded falls within the range as stipulated in the Compendium and it would be wrong for trial courts to ignore the range of damages as recommended in the Compendium and to pluck a quantum from the air and make an award for a particular injury which does not resonate with the range in the Compendium.

[40] I would also venture to say that it is the duty of counsel on both sides to guide the court to make an award which falls within the range as provided in the Compendium. Of course, even then there has to be medical evidence to support an award which leans towards either the higher or lower end of the range. Having said that, I do accept that the Compendium is not a statutory code but only a guideline which does not fetter the court's discretion and that the court is, subject to exceptional factual circumstances, at liberty to depart from the Compendium.

[41] But, it would take compelling and extenuating facts (medical evidence) to persuade a court to depart from the Compendium. Otherwise, the Compendium will be rendered useless in so far as achieving consistency in awards for damages for personal injuries. Under each injury, a range of figures have been tabulated, based on the contemporary trend of awards in

Malaysian Courts and should be adapted to suit the particular type and nature of an injury being dealt.

Naturally the lower figure suggested is reflective of the relatively minor nature of that simple injury under that particular head, rising in value, depending on a variety of factors, but not necessarily confined to any complications that may arise from that injury, but also taking into account the position of the person suffering that injury, particularly in relation to the issue of loss of amenities, which is separate from the question of pain and suffering.

This guide begins with the setting out of orthopaedic injuries from top to toe, literally, and then deals with internal injuries affecting the organs, including the brain and the newly added external injuries and miscellaneous conditions.

It is pertinent to note that an overlap of injuries, both external and internal, may inevitably occur, in which case the principle of overlapping of injuries will have to be taken into account.

Sincere thanks and appreciation ought to be recorded to the Task Force's members for their assistance and valuable contribution as well as the Bar Council Secretariat, Ms. Najwa Syazwani Aqilah Bt. Abd Hamid.

DATUK JAGJIT SINGH

21st December, 2017

## ORTHOPAEDIC INJURIES

### THE SKULL ( CRANIUM )

The skull is composed of bone which is separated into different areas, and has the primary function of protecting the brain. Each specific area is not really different from the other in terms of the pain generated from a fracture and can therefore be treated in the same way as far as quantum is concerned.

There are however instances where the skull is fractured so badly that it shatters resulting in the necessity of removing these bone fragments and replacing the affected area with an artificial substance to protect the brain. This is called a cranioplasty and ought to be considered an injury attracting a higher figure.

<b>Injury</b>	<b>Low</b>	<b>High</b>
Parietal / Temporal / Frontal / Occipital / Sphenoid None or base of skull and other related fractures	12,000	18,000
Any of these fractures requiring a cranioplasty	18,000	30,000
Mastoid and/or styloid processes	9,000	14,000

An Award for Damages between a low and a high would depend on various factors including but not limited to:-

- (i) Age of the Plaintiff - whether the Plaintiff is an Infant, Young Person, Middle aged or in the prime of their lives.
- (ii) Whether Plaintiff is Male or Female.
- (iii) Whether the Plaintiff is married or unmarried and the extent of injuries would affect the prospects of Marriage.
- (iv) Whether the injuries would affect the head asymmetry.



## **FACIAL BONES**

There are a number of bones in the face, which are sometimes separated, in medical literature, into their component parts, and at other times referred to in groups or ‘complexes’.

Therefore any reference to the ‘zygomatic complex’ for instance, will in fact be a reference to both the zygoma and the orbit, and may include part of the maxilla as well.

Mandibles are a little easier to deal with as they represent the most easily identifiable facial bone, which stretches from the ear to the chin on each side of the face and is usually referred to as the ‘lower jaw’.

The alveolar is the bone in which the upper incisors are embedded and therefore its fracture inevitably involves some front teeth as well.

Facial fractures, more than any other fractures, give rise to much overlap in awards and therefore some understanding of the medical terminology used in describing these fractures should be appreciated before an appropriate choice of figures can be made.

A bilateral fracture describes fractures on both sides of the facial asymmetry.

<b>Injury</b>	<b>Low</b>	<b>High</b>
Mandible	14,500	30,000
Maxilla, Le Fort I, II, or III	14,500	30,000
Zygoma	9,000	12,000
Orbit	7,000	9,500
Alveolus	7,000	9,500
Nasal Bone	7,000	12,000

An Award for Damages between a low and a high would depend on various factors including but not limited to:-

- (i) Age of the Plaintiff - whether the Plaintiff is an Infant, Young Person, Middle aged or in the prime of their lives.
- (ii) Whether Plaintiff is Male or Female.
- (iii) Whether the Plaintiff is married or unmarried and the extent of injuries would affect the prospects of Marriage.
- (iv) The extent of facial distortion.

### **TEETH**

There are a number of injuries that can be suffered by the teeth. They can be chipped, fractured, partially broken or lost, in an accident.

Whatever the damage, dental work is required apart from the initial trauma. The cosmetic effects of the loss of the front teeth have also to be taken into account when making an award under this head. A subtle distinction has also to be made in respect of the different type of teeth, i.e. incisor, molar and/or pre molar.

The number of teeth lost, fractured or broken will also have an impact on an award, which may not necessarily involve overlapping, but may attract an ‘exacerbated’ or ‘aggravated’ award due to the loss of the ability to chew and digest food properly, the more teeth that are lost.

<b>Injury</b>	<b>Low</b>	<b>High</b>
Broken/Fractured tooth	2,500	3,000
Loss of Tooth	3,000	3,500
1 – 5 teeth affected	3,000	12,000
5 – 10 teeth affected	12,000	21,500

10 – 20 teeth affected	21,500	36,000
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An Award for Damages between a low and a high would depend on various factors including but not limited to:-

- (i) Age of the Plaintiff - whether the Plaintiff is an Infant, Young Person, Middle aged or in the prime of their lives.
- (ii) Whether Plaintiff is Male or Female.
- (iii) Whether the Plaintiff is married or unmarried and the extent of injuries would affect the prospects of Marriage.
- (iv) Whether the loss of the teeth would affect the facial asymmetry.

### **CLAVICLE AND SHOULDER**

The clavicle is more commonly known as the collar bone and the scapula the shoulder bone.

Hardly anything goes wrong with fractures of these bones and there are normally insignificant disabilities associated therewith.

The most common disability with a fractured clavicle would be overlapping of the fractured ends resulting in a certain degree of shortening, which is not much of a functional disability except that the claimant may experience a little difficulty lifting his arm over his head.

<b>Injury</b>	<b>Low</b>	<b>High</b>
Scapula	12,000	21,500
Clavicle	13,000	28,000
Dislocation acromio – clavicular joint	12,000	21,500

An Award for Damages between a low and a high would depend on various factors including but not limited to:-

- (i) Whether Plaintiff is Male or Female.
- (ii) Whether the injuries would affect the upper body asymmetry.
- (iii) Whether there is any shortening.
- (iv) Whether the injuries would have any effect on the nature of work or employment of the Plaintiff.

### **ARM IN GENERAL**

There are 3 distinct sections of the human arm, namely the upper arm or humerus, the lower arm or the radius and ulna, and of course the hand, made up of a multitude of small bones called the carpals, metacarpals and the finger bones or phalanges, extending from the wrist in that order.

As human beings, we rely a great deal on the dexterity of our fingers and our opposed thumb. This is even more so when the dominant arm is involved. Consideration therefore has to be given to the loss of amenities part of general damages awardable to a claimant as some severe injuries to any part of the arm may have a devastating effect on that particular claimant for example a neuro surgeon or a lead guitar player as opposed to a computer operator or manual labourer.

Fractures near the joints of the arm may result in restricted movements of the elbow (olecranon), or wrist.

Contemporary treatment of fractures of the humerus, and radius and ulna involve an operation with internal fixation using titanium screws or plates. This form of treatment results in less disability but does involve invasive surgery.

Fractured fingers may appear to be a minor injury but a resultant stiff or bent finger can be extremely troublesome, especially on the dominant hand.

<b>Injury</b>	<b>Low</b>	<b>High</b>
Humerus	12,000	27,500
Olecranon	12,000	30,000
Radius	12,000	30,000
Ulna	9,500	27,500
Radius and ulna	21,500	36,000
Carpal (scaphoid/lunate/pisiform)	5,000	8,500
Metacarpal (hand)	4,000	6,000
Phalange (finger)	4,000	14,500

An Award for Damages between a low and a high would depend on various factors including but not limited to:-

- (i) Age of the Plaintiff - whether the Plaintiff is an Infant, Young Person, Middle aged or in the prime of their lives.
- (ii) Whether Plaintiff is Male or Female.
- (iii) Whether the Plaintiff is married or unmarried and the extent of injuries would affect the prospects of Marriage.
- (iv) Whether the injuries of the arm would affect the body asymmetry.
- (v) Whether the injuries would have any effect on the nature of work or employment of the Plaintiff.

Amputations of any part of the hand, fingers or arm would attract awards proportional to the number of joints lost bearing in mind the paramount importance of the hand as the most important physical tool of any of the body's appendages.

Thus an amputation at the wrist joint would almost be as devastating as an amputation through the upper arm. Cosmetically, it would be easier to fit a lower arm prosthesis than an upper arm one due to the absence of an elbow joint but functionally both would be of little assistance.

Special regard would have to be had to an amputation through the shoulder joint as the fitting of prosthesis would be very difficult and so damages would have to be at the higher end of the scale to reflect this.

### **AMPUTATIONS OF ARM**

<b>Injury</b>	<b>Low</b>	<b>High</b>
Amputation of any 1 finger at proximal phalange	12,000	18,500
Amputation of any 1 finger at distal phalange	9,500	12,000
Amputation of middle and ring fingers at proximal phalange	21,500	24,000
Amputation of middle and ring fingers at distal phalanges	14,500	17,000
Amputation of 3 – 4 fingers	24,000	36,000
Amputation of thumb at proximal phalange	18,000	24,000
Amputation of thumb at distal phalange	14,500	18,000
Amputation of all fingers and thumb	36,000	55,000

Amputation of whole hand at wrist joint	41,500	60,000
Amputation through elbow joint	55,000	60,000
Amputation at mid upper arm level	71,500	84,000
Amputation at shoulder	90,000	95,000

An Award for Damages between a low and a high would depend on various factors including but not limited to:-

- (i) Age of the Plaintiff - whether the Plaintiff is an Infant, Young Person, Middle aged or in the prime of their lives.
- (ii) Whether Plaintiff is Male or Female.
- (iii) Whether the Plaintiff is married or unmarried and the extent of injuries would affect the prospects of Marriage.
- (iv) Whether the amputation of the Arm would affect the body asymmetry.
- (v) Whether the amputation would affect the nature of work or employment of the Plaintiff.
- (vi) Whether the amputation in a Female Plaintiff would affect her ability to perform her household chores.

### **RIB CAGE**

The ribs protect the chest cavity and the internal organs within the thorax. They are attached to the spinal column at one end and the sternum at the other. There are exactly 12 ribs in a male but 13 in a female.

Generally a blunt impact to the chest wall may cause rib fractures, the treatment of which is conservative and usually involves a tight binding of the chest wall for about 3 weeks.

Sometimes a fractured rib may penetrate the chest wall and cause a puncture of one of the lungs. This may involve surgery to correct and possible re inflation of the lung involved.

Multiple rib fractures may involve a certain degree of overlapping in an award.

<b>Injury</b>	<b>Low</b>	<b>High</b>
Per Rib	4,000	5,000
Sternum	9,500	12,000

An Award for Damages between a low and a high would depend on various factors including but not limited to:-

- (i) Age of the Plaintiff - whether the Plaintiff is an Infant, Young Person, Middle aged or in the prime of their lives.
- (ii) Whether the injuries would affect the normal breathing of the Plaintiff.

## **PELVIS**

The pelvic bone has a butterfly appearance and one side mirrors the other.

The larger upper 'wings' are called the Iliac, whilst the lower and smaller 'wings' are referred to as the pubic rami.

The femur attaches to the pelvis via the acetabulum or hip joint, located between the upper and lower structures.

The sacrum connects both sides of the iliac crescents together, and the pubic symphysis joins both pubic rami.



Pelvic injuries generally heal well without remedial treatment, but in some severe cases external fixation is required.

The disability normally associated with a severe disruption of the pelvic girdle or a separation of the symphysis pubis, or sacroiliac joint, is a pelvic ‘tilt’ affecting gait, or it may affect child bearing in a female.

<b>Injury</b>	<b>Low</b>	<b>High</b>
Iliac crescent	9,500	14,500
Sacro iliac joint	9,500	12,000
Superior or inferior pubic rami	14,500	21,500
Diasthesis symphysis pubis	12,000	24,000
Bilateral fractures of Iliac / Pubic rami	18,000	30,000
Sacrum	12,000	14,500
Acetabulum	24,000	35,500
Multiple hip fractures with hip disabilities	43,000	72,500
Hip Dislocation with disabilities (minor- major)	15,000	40,000

An Award for Damages between a low and a high would depend on various factors including but not limited to:-

- (i) whether the injuries would affect the waist asymmetry of the Female Plaintiff.
- (ii) whether the injuries would affect the Child Birth of a biologically active Female.
- (iii) The age of the Female Plaintiff and whether she has passed the biological Child bearing age.

## **LEG IN GENERAL**

The femur or upper leg is the longest bone in the body and attaches to the hip by a rounded top called the femoral head, to the acetabulum, in a ball and socket joint.

The knee is a complex structure protected by the patella or knee cap and supported by a number of ligaments which are important for stability.

The tibia and fibula form the lower leg. The fibula is a minor bone compared to the load bearing tibia.

The ankle joint is made up of the bottom of the tibia and fibula (malleoli), followed by the foot consisting of the tarsals, metatarsals and phalanges in that order.

Fractures of the long bones of the leg are normally treated by operation and internal fixation involving titanium plates and screws. This procedure reduces the extent of any shortening of these bones by the overlapping of the fragments of a fracture.

Fractures of some of the bones of the leg, such as the malleoli and patella are generally fixed by screws whilst the foot bones are secured by K – wiring.

Shortening and restriction of movement of the joints affected are the main sequelae of leg injuries whilst torn ligaments (posterior and inferior cruciate) of the knee ought not to be treated lightly due to potential instability problems.

<b>Injury</b>	<b>Low</b>	<b>High</b>
Femur	21,500	48,500
Patella	14,500	18,500
Knee ligaments (anterior/posterior cruciate)	18,000	30,000
Tibia (simple fracture)	18,000	30,000

Fibula	12,000	14,500
Tibia and Fibula	21,500	42,000
Femur/Tibia and fibula (with shortening)	36,000	60,000
Femur (with shortening)	36,000	60,000
Tibia and Fibula (with shortening)	36,000	60,000
Medial / Lateral malleoli	14,500	26,500
Tarsal (Navicular, Cuneiform, Cuboid)	9,500	14,500
Metatarsal	7,000	12,000
Phalange	4,000	7,000
Calcaneum	12,000	18,000
Loss of heel pad	12,000	30,000

An Award for Damages between a low and a high would depend on various factors including but not limited to:-

- (i) Age of the Plaintiff - whether the Plaintiff is an Infant, Young Person, Middle aged or in the prime of their lives.
- (ii) Whether Plaintiff is Male or Female.
- (iii) Whether the Plaintiff is married or unmarried and the extent of injuries would affect the prospects of Marriage.
- (iv) Whether the injuries would affect the asymmetry of the lower limbs.
- (v) The type of fracture.
- (vi) The extent of shortening.
- (vii) Whether the nature of the injuries would affect the squatting activities of an active sportsmen/sportswomen.

Awards for the above injuries ought to be adjusted to accommodate the degree of disability occasioned by the particular injury or by multiple injuries to the bones of the leg, and do not necessarily involve adding up the award for each injury and arriving at a figure as an element of overlapping is always involved.

In any event, as a rule of thumb, no award should be made which would exceed an award for an above knee amputation except in exceptional circumstances where the disabilities are so severe as to be worse than an amputation in terms of mobility and function.

**Amputations Of Leg/Legs**

<b>Injury</b>	<b>Low</b>	<b>High</b>
Big Toe	12,000	14,500
Little Toe	7,000	9,500
2-4 Toes	14,500	30,000
All Toes	21,500	36,500
Leg		
Foot	30,000	48,500
At Ankle	55,000	60,500
Below Knee	66,500	79,000
Through Knee	79,000	84,000
Above Knee	84,000	90,000
At Hip	120,000	145,000
Legs		
At Ankle	110,000	120,000
Below Knee	130,000	142,000

Through Knee	150,000	165,000
Above Knee	175,000	195,000
At Hip	255,000	310,000

An Award for Damages between a low and a high would depend on various factors including but not limited to:-

- (i) Age of the Plaintiff - whether the Plaintiff is an Infant, Young Person, Middle aged or in the prime of their lives.
- (ii) Whether Plaintiff is Male or Female.
- (iii) Whether the Plaintiff is married or unmarried and the extent of injuries would affect the prospects of Marriage.
- (iv) Whether the amputation of the leg would affect the body asymmetry
- (v) Whether the amputation would affect the nature of work or employment of the Plaintiff.
- (vi) Whether the amputation in a Female Plaintiff would affect her ability to perform her household chores.

### **SPINAL / NERVE INJURIES**

The spinal column is made up of a column of vertebra extending from the base of the skull to the sacrum and ending in the coccyx.

The vertebra are divided into the cervical (C1 to C7), thoracic (T1 to T12), and lumbar (L1 to L5), sections, in order of descent. Each vertebrae consists of a main bone with appendages called the transverse or spinous processes.

The spinal cord runs down the central canal of the spinal column and consists of nerve fibres from the brain which supply the entire body, similar to a conduit of various cables transmitting electrical impulses to different parts of the body.

If this conduit is traumatized to the extent that the cables are damaged or severed, no electrical impulses are able to be transmitted resulting in the loss of control to that part of the body supplied by the same.

As a rule of thumb, a victim becomes paralyzed below the level at which the trauma to the spinal cord occurs. Paralysis may be partial or complete. Grade 5 is used to denote full power of the limbs whilst Grade 0 reflects complete paralysis. Some partial use of the limbs may be available in incomplete paralysis.

On occasion, nerve damage may occur to the nerves supplying the arms without damage to the spinal cord and this is called a brachial plexus injury, commonly caused by trauma to the upper arm region.

<b>Injury</b>	<b>Low</b>	<b>High</b>
Simple fracture of the body of a vertebrate (wedge/compression)	14,500	18,000
Fractures of 2 – 5 vertebra	22,000	42,000
Fractures of vertebra causing restriction of movement of neck or back	22,000	42,000
Fracture of the vertebra causing quadraplegia	300,000	420,000
Fracture of the vertebra causing paraplegia	220,000	300,000
Brachial plexus injury to upper limb	50,000	80,000
Whiplash injury	9,000	14,500
Sympathetic dystrophy (single – multiple)	3,000	8,000

An Award for Damages between a low and a high would depend on various factors including but not limited to:-

- (i) Age of the Plaintiff - whether the Plaintiff is an Infant, Young Person, Middle aged or in the prime of their lives.
- (ii) Whether Plaintiff is Male or Female.
- (iii) Whether the Plaintiff is married or unmarried and the extent of injuries would affect the prospects of Marriage.
- (iv) Whether the injuries would affect the overall body asymmetry.
- (v) Whether the injuries would affect the nature of work or employment of the Plaintiff.

### **INTERNAL INJURIES**

#### **BRAIN**

Injuries to the brain are generally caused by blunt trauma to the skull, or velocity related trauma in which the brain is caused to recoil within the skull due to a sudden and violent halt. The brain is covered by a protective sheath called the dura. An injury to the brain may cause internal bleeding which puts pressure on the blood vessels supplying blood to the brain so that less blood is able to flow through it resulting in some of the cells being deprived of oxygen and dying as a result.

A sub dural, or extra dural haematoma, for instance, means that there is a build up of blood under or above the dura and therefore the best way of treating the same is by a burr hole craniotomy which has the effect of releasing the build up of pressure by making a 'release' hole in the skull.

The faster this is attended to, the less likely the brain will be damaged. The more of the brain that is deprived of oxygen combined with the length of time it is deprived will determine the extent of the brain tissue that dies and therefore the severity of brain damage.

The brain is a unique organ and therefore the extent of damage can sometimes be very subjective and can range from mild personality changes, aggressive behaviour, memory impairment to more severe and debilitating manifestations such as intellectual impairment, loss of sight, speech, hearing, paralysis and becoming vegetative.

Brain injuries are some of the most difficult injuries to quantify with any precision due to the wide range of resultant disabilities that may occur combined with the subjective nature of the sequelae.

It must be emphasised that when assessing multiple neurological disabilities arising from an injury to the brain, there should only be one global award taking into account the severity of all the disabilities together with any relevant overlapping of their neurological functions where reasonable. Such disabilities should include but is not limited to, loss of memory, changes in behavior or personality and intellectual impairment.

<b>Injury</b>	<b>Low</b>	<b>High</b>
Cerebral concussion/loss of consciousness	6,000	
Sub dural haematoma with burr hole craniotomy	18,000	30,000
Mild personality or behavioural changes	24,000	48,500
Memory impairment	24,000	55,000
Intellectual impairment	60,000	180,000
Motor impairment (paralysis on one side of body) hemiplegia	48,000	80,000
Bedridden state with awareness	300,000	420,000



Persistent vegetative state (coma)	180,000	240,000
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An Award for Damages between a low and a high would depend on various factors including but not limited to:-

- (i) Age of the Plaintiff - whether the Plaintiff is an Infant, Young Person, Middle aged or in the prime of their lives.
- (ii) Whether Plaintiff is Male or Female.
- (iii) Whether the Plaintiff is married or unmarried and the extent of injuries would affect the prospects of Marriage.
- (iv) Whether the injuries would affect the overall intellectual mental capacity.
- (v) Whether the injuries would affect the nature of work or employment of the Plaintiff.

## **EYES**

Damage to the eyes may be caused as a result of a brain injury affecting the optic nerve or a traumatic impact with a hard object.

Enucleation means the complete removal of the whole eyeball.

Injuries to the eyes generally result in degrees of loss of vision to complete blindness. A specialist's report will generally state the percentage loss of vision of the eye and this is a good guideline for an award.

Again, an award will also be dependant on the victim suffering the injury as a visually challenged air line pilot would be more devastated by this injury than would a mee goreng seller.

<b>Injury</b>	<b>Low</b>	<b>High</b>
Haematoma in 1 eye	3,000	4,000
Haematoma in both eyes	3,500	4,500
Loss of peripheral vision	12,000	24,000
Diplopia (double vision)	12,000	24,000
Traumatic cataract	6,000	9,500
20% - 50% loss of vision in 1 eye	24,000	36,000
20% - 50% loss of vision in both eyes	42,000	85,000
50% - 80% loss of vision in 1 eye	30,000	72,000
50% - 80% loss of vision in both eyes	60,000	145,000
Blindness in 1 eye	84,000	90,000
Blindness in both eyes	210,000	220,000
Loss of eye	90,000	100,000
Loss of Both eyes	220,000	230,000

An Award for Damages between a low and a high would depend on various factors including but not limited to:-

- (i) Age of the Plaintiff - whether the Plaintiff is an Infant, Young Person, Middle aged or in the prime of their lives.
- (ii) Whether Plaintiff is Male or Female.
- (iii) Whether the Plaintiff is married or unmarried and the extent of injuries would affect the prospects of Marriage.
- (iv) Whether the injuries would affect the overall facial asymmetry.

- (v) Whether the injuries would affect the nature of work or employment of the Plaintiff.

### **EARS / HEARING**

Damage to the ears can be caused by impact or by nervous damage.

External injury to the ears may result in the actual ear being ripped off, which will cause a cosmetic blemish as well as difficulty in trapping sound waves resulting in some loss of hearing in that ear.

The tympanic membrane or ear drum can become perforated by trauma which can lead to a degree of deafness, or the inner ear or cochlea can be affected by a disruption in nerve supply.

The degree of deafness varies depending on the trauma associated with the injury.

Tinnitus is a condition in which there is a constant 'ringing' in the ear.

<b>Injury</b>	<b>Low</b>	<b>High</b>
Ear ripped off	6,000	18,000
Tinnitus	12,000	24,000
Partial loss of hearing in 1 ear	12,000	30,000
Partial loss of hearing in both ears	36,000	55,000
Complete loss of hearing in 1 ear	42,000	48,500
Complete loss of hearing in both ears	110,000	120,000

An Award for Damages between a low and a high would depend on various factors including but not limited to:-

- (i) Age of the Plaintiff - whether the Plaintiff is an Infant, Young Person, Middle aged or in the prime of their lives.
- (ii) Whether Plaintiff is Male or Female.
- (iii) Whether the Plaintiff is married or unmarried and the extent of injuries would affect the prospects of Marriage.
- (iv) Whether the injuries would affect the overall facial asymmetry.
- (v) Whether the injuries would affect the nature of work or employment of the Plaintiff.

**SENSE OF SMELL / TASTE**

Damage to the olfactory nerve may result in a loss of sense of smell in varying degrees.

The 9<sup>th</sup> cranial nerve serves the taste buds of the tongue.

Therefore the cause of loss of taste or smell is more often than not associated with nerve damage as a result of trauma to the head and can be complete or partial.

In either case, the loss of amenity in being able to enjoy food and savour pleasant odours is what determines the quantum of an award.

Complete loss of sense of smell	42,000	48,500
Complete loss of sense of taste	42,000	48,500
Partial loss of sense of smell	12,000	36,500
Partial loss of sense of taste	12,000	36,500

An Award for Damages between a low and a high would depend on various factors including but not limited to:-

- (i) Age of the Plaintiff - whether the Plaintiff is an Infant, Young Person, Middle aged or in the prime of their lives.
- (ii) Whether Plaintiff is Male or Female.
- (iii) Whether the Plaintiff is married or unmarried and the extent of injuries would affect the prospects of Marriage.
- (iv) Whether the injuries would affect the nature of work or employment of the Plaintiff.

**VOICE BOX (LARYNX)**

This is an organ situated at the upper end of the trachea and may sometimes be affected by a neck injury to the extent that the result of that trauma is a hoarse voice, a soft voice or even the total loss of the ability to speak.

Again, attention has to be paid to the type of victim as an opera singer would suffer a greater loss of amenities than would a bus conductor.

<b>Injury</b>	<b>Low</b>	<b>High</b>
Hoarseness	12,000	30,000
Whisper	24,000	42,000
Loss of Voice	96,500	145,000

An Award for Damages between a low and a high would depend on various factors including but not limited to:-

- (i) Age of the Plaintiff - whether the Plaintiff is an Infant, Young Person, Middle aged or in the prime of their lives.
- (ii) Whether Plaintiff is Male or Female.

- (iii) Whether the Plaintiff is married or unmarried and the extent of injuries would affect the prospects of Marriage.
- (iv) Whether the injuries would affect the nature of work or employment of the Plaintiff.

## **LUNGS**

The lungs are two inflatable bags on either side of the thorax, surrounded by a membrane called the pleura, and separated from the organs of the abdomen by a structure known as the diaphragm.

Lung damage is normally associated with trauma to the chest, fracture of a rib which punctures a lobe, and haemopneumothorax, which is an accumulation of blood and gas in the pleural cavity surrounding the lungs.

The diaphragm is important in the control of the normal breathing pattern, by expansion and contraction in association with the intercostals muscles between the ribs.

<b>Injury</b>	<b>Low</b>	<b>High</b>
Collapse of lung (puncture)	6,000	7,500
Diaphragm damage	18,000	22,000
Haemopneumothorax	6,000	7,500

An Award for Damages between a low and a high would depend on various factors including but not limited to:-

- (i) Age of the Plaintiff - whether the Plaintiff is an Infant, Young Person, Middle aged or in the prime of their lives.
- (ii) Whether Plaintiff is Male or Female.
- (iii) Whether the Plaintiff is married or unmarried and the extent of injuries would affect the prospects of Marriage.

- (iv) Whether the injuries would affect the normal breathing of the Plaintiff.
- (v) Whether the injuries would affect the nature of work or employment of the Plaintiff.

## **ABDOMEN**

The abdomen contains a variety of internal organs whose primary functions are concerned with the digestion of food and the excretion of waste products.

Some of these organs are not as important as others and their loss has minimal after effects (such as a splenectomy). However, trauma to others may cause devastating effects (nephrectomy), requiring dialysis for life.

Any operation to investigate a trauma to the abdomen is generically referred to as a 'laparotomy' and is normally associated with a repair of an internal organ or a removal of one, or to remove blood accumulation in the abdominal cavity.

Intestinal damage may result in the removal of a portion of the small intestine or the colon. In severe cases, a victim may have to wear a permanent 'bag' into which the products of digestion are discharged (colostomy).

The ureters are ducts connecting the kidneys to the bladder. The urethra connects the bladder to the exterior. Damage to these structures will necessitate a laparotomy and repair to these ducts.

Liver damage may also necessitate a laparotomy and in severe cases, removal of the damaged part.

<b>Injury</b>	<b>Low</b>	<b>High</b>
Laparotomy	9,500	12,000
Removal of spleen	12,000	14,500
Removal of 1 kidney	36,000	42,000

Removal of 2 kidneys	120,000	145,000
Removal of part of liver	18,000	30,000
Removal of portion of small intestine	18,000	48,500
Removal portion of colon	24,000	48,500
Bladder rupture	18,000	24,000
Rupture of ureter/urethra	12,000	18,000
Liver laceration	12,000	18,000

An Award for Damages between a low and a high would depend on various factors including but not limited to:-

- (i) Age of the Plaintiff - whether the Plaintiff is an Infant, Young Person, Middle aged or in the prime of their lives.
- (ii) Whether Plaintiff is Male or Female.
- (iii) Whether the Plaintiff is married or unmarried and the extent of injuries would affect the prospects of Marriage.

### **SEXUAL ORGANS**

The importance of having fully functional sex organs is obviously more important the younger the victim is, both male and female, especially in the child bearing age.

In males, paraplegia will more often than not, result in impotency, which is taken into account in an award for that injury.



<b>Injury</b>	<b>Low</b>	<b>High</b>
Erectile dysfunction	24,000	60,000
Loss of one testicle	18,000	30,000
Loss of both testicles/complete impotency	71,500	97,000
Laceration of scrotum/perineum	7,000	9,500
Amputation of penis	71,500	97,000
Loss of an ovary	18,000	48,500
Loss of both ovaries	71,500	97,000

An Award for Damages between a low and a high would depend on various factors including but not limited to:-

- (i) Age of the Plaintiff - whether the Plaintiff is an Infant, Young Person, Middle aged or in the prime of their lives.
- (ii) Whether Plaintiff is Male or Female.
- (iii) Whether the Plaintiff is married or unmarried and the extent of injuries would affect the prospects of Marriage.
- (iv) If married, the number of surviving children.

### **EXTERNAL INJURIES**

External injuries are normally associated with the skin and include soft tissue injuries, lacerations, haematomas, degloving injuries, skin grafts, abrasions and scarring.

A degloving injury is one in which the skin of the forearm and hand, or the leg and foot is ripped off in the same way a glove is removed.

Awards are dependant on the extent of the injury and the location of the same.

Cosmetic effects of the resultant damage are also of concern especially to a young female where clothing would not normally cover scarring.

Disfigurement is also something which needs to be taken into account.

An increased award for loss of amenities would have to be considered in a situation where the victim with facial scarring is an actress or model as opposed to the same injuries in a 60 year old cook.

The pain and suffering associated with reconstructive surgery would also have a bearing on the extent of an award.

Lacerations and abrasions may be minor in nature or may be extensive and scar causing.

Certain individuals have the genetic propensity for keloid formation and therefore scarring is more pronounced.

Injuries are sometimes overlapping and this needs to be taken into account before a figure is decided upon.

<b>Injury</b>	<b>Low</b>	<b>High</b>
Degloving injury to leg	12,000	24,000
Degloving injury to arm	14,500	30,000
Lacerations (single to multiple)	2,500	9,500
Abrasions (single to multiple)	1,300	5,000
Minor scarring to leg	1,300	3,300
Minor scarring to arm	2,200	3,850

Extensive scarring to leg	9,500	18,000
Extensive scarring to arm	12,000	24,000
Facial scarring	6,000	36,500
Operation scars	2,750	12,000
Haematoma / Contusion	1,200	2,500
Skin grafting	12,000	30,000
Lip laceration	1,000	3,000
Avulsion of fingernails 1-2	1,500	2,000
Avulsion of fingernails 3-5	3,000	5,000
Avulsion of toe nails 1-2	1,000	2,000
Avulsion of toe nails 3-5	3,000	5,000

An Award for Damages between a low and a high would depend on various factors including but not limited to:-

- (i) Age of the Plaintiff - whether the Plaintiff is an Infant, Young Person, Middle aged or in the prime of their lives.
- (ii) Whether Plaintiff is Male or Female.
- (iii) Whether the Plaintiff is married or unmarried and the extent of injuries would affect the prospects of Marriage.
- (iv) Whether the injuries would affect the overall body asymmetry.
- (v) The sensitivity of the Plaintiff in relation to the injuries.
- (vi) Whether the Plaintiff is a sportsman/sportswoman.

## **MISCELLANEOUS CONDITIONS**

<b>Injury</b>	<b>Low</b>	<b>High</b>
Osteoarthritis	5,000	
Osteomyelitis	3,000	8,000
Soft tissue injury	3,000	5,000
Muscle wasting	3,000	5,000
Fat embolism syndrome	5,000	
Depression (mild-major)	5,000	25,000
Post-traumatic stress disorder	15,000	
Retrograde amnesia	1,000	3,000
Tendon / Muscle cut	8,000	10,000
Burn injury up to 30% of TBSA*	3,000	45,000
Burn injury up to 60% of TBSA*	45,000	100,000
Burn injury up to 90% of TBSA*	100,000	200,000

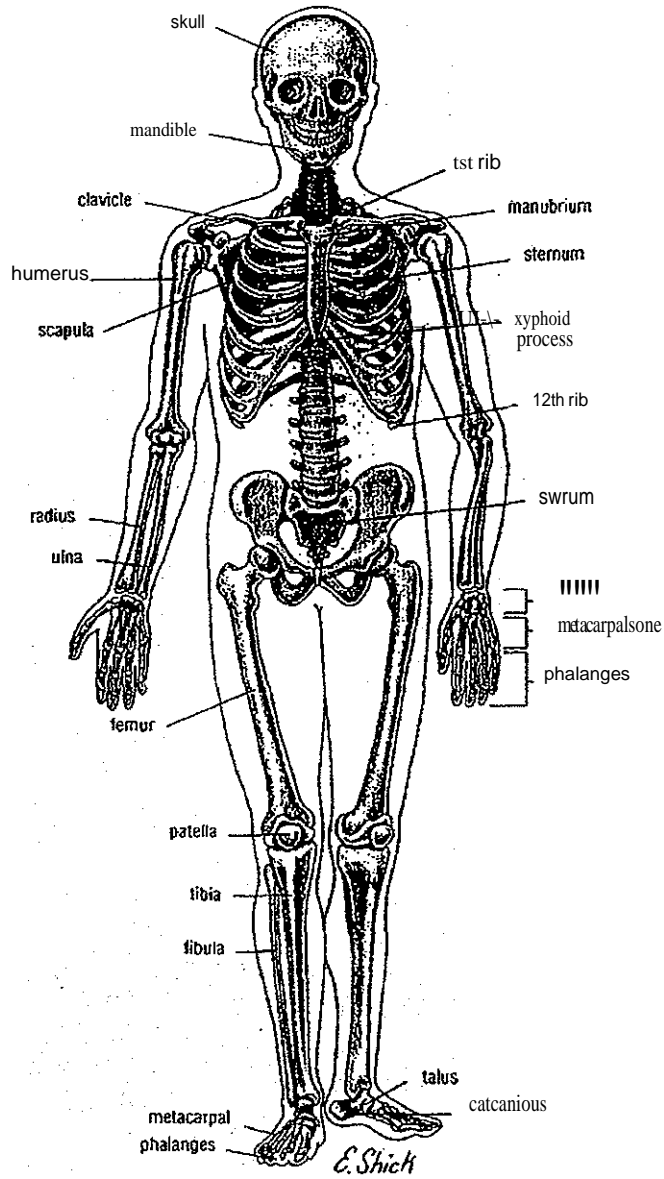
## **NOTES**

\* For burn injuries, award is to be decided based on Degree of Burn and TBSA

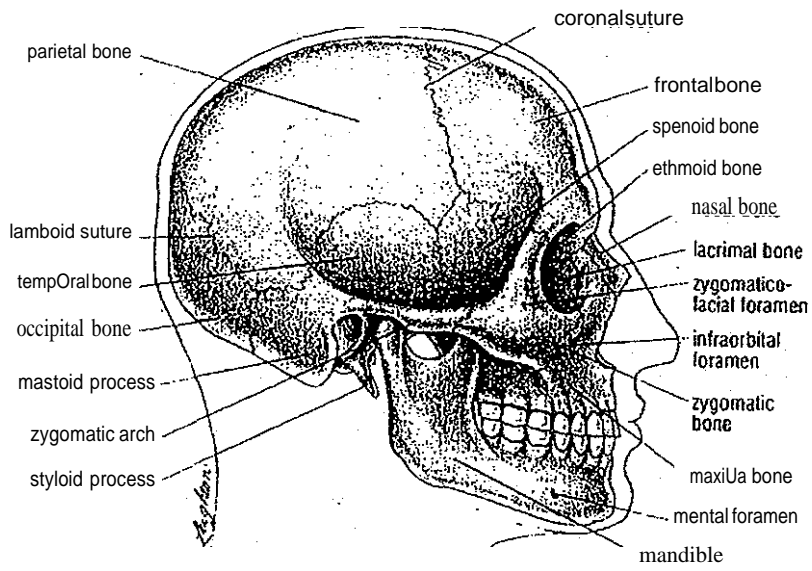
\* TBSA means Total Body Surface Area

\* Percentage (%) of burn refers to the area of burn over body surface

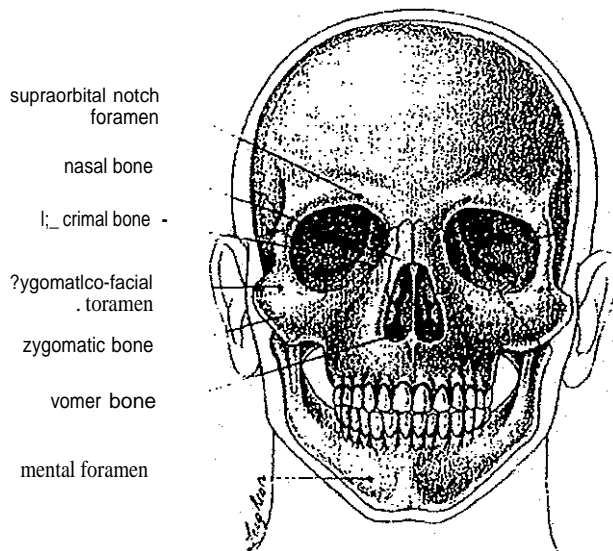
Skeletal system; skeleton; anterior view; normal



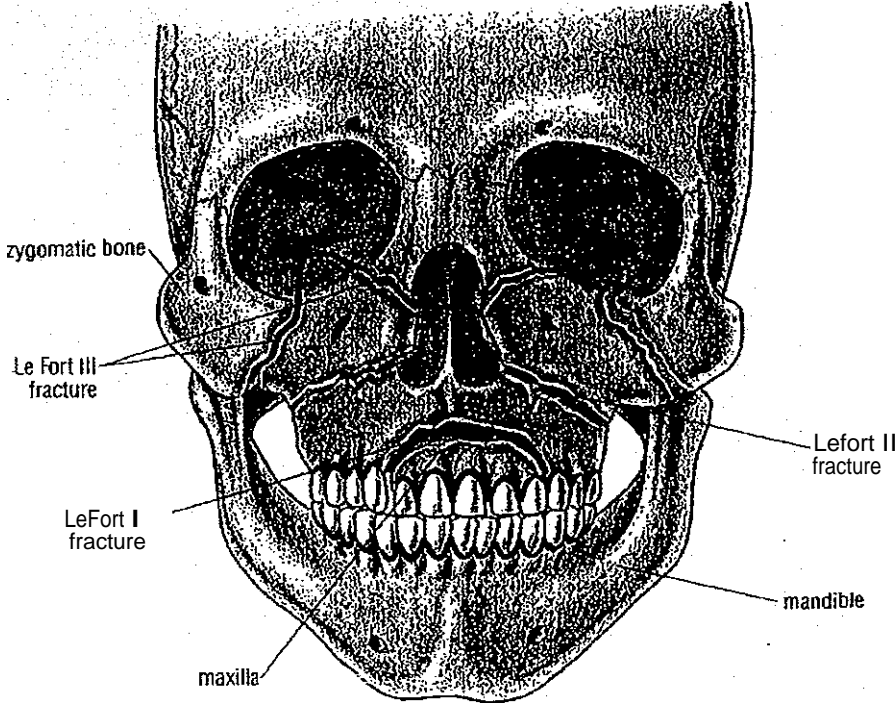
Skull & face; skull; lateral view; normal



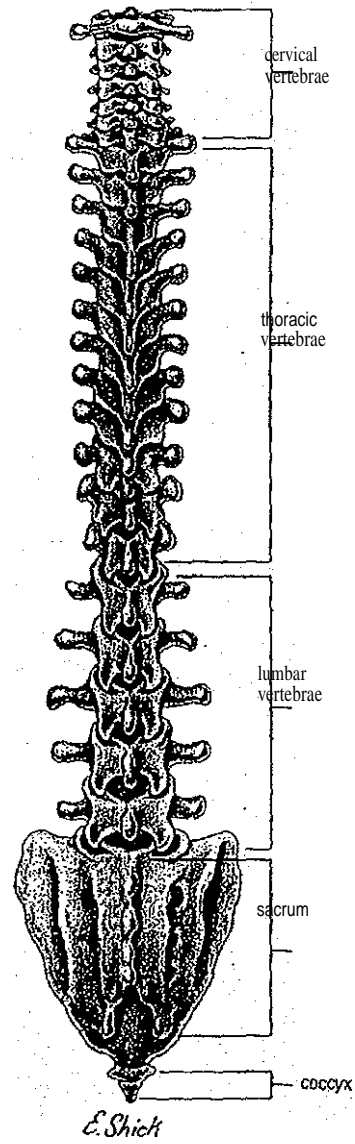
Skull & face; skull; anterior view; normal



skull & face; leFort classification of facial fractures anterior view; trauma

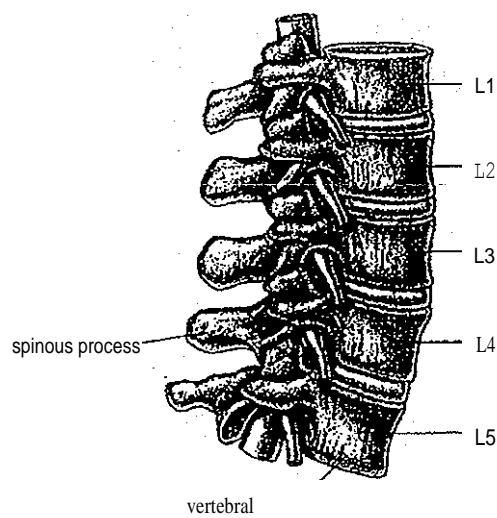


General; vertebrai column; posterior view; normal

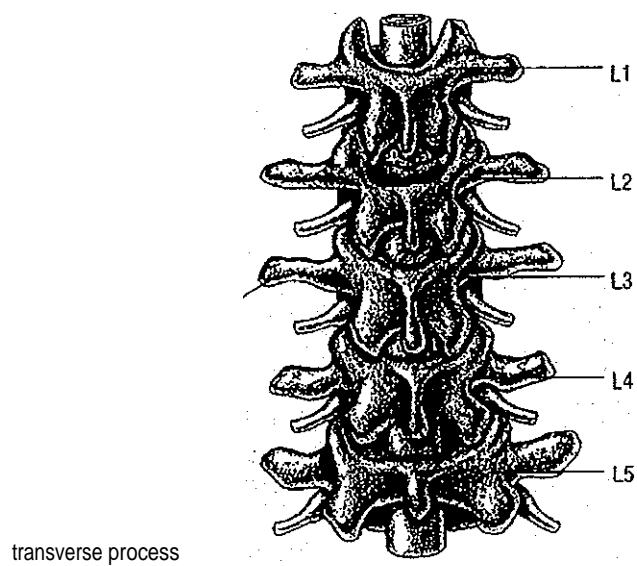




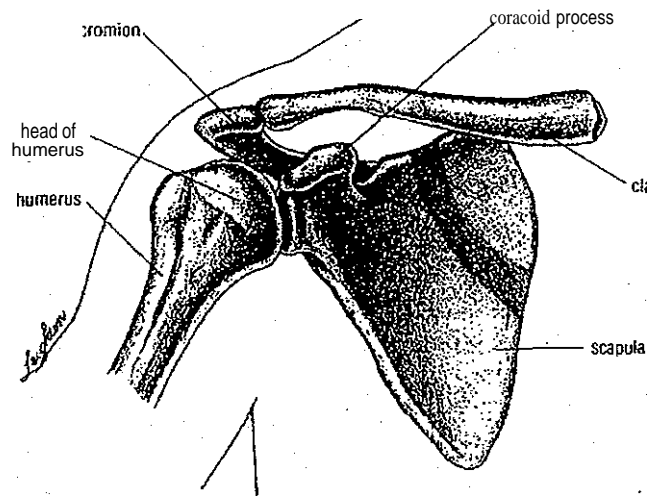
Lumbosacral; vertebrae; lateral view; normal



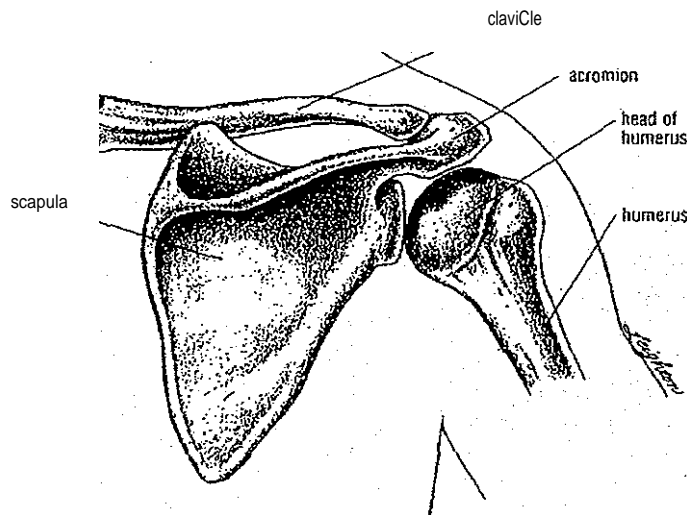
lumbar; vertebrae; posterior view; normal



Shoulder; bones; anterior view; normal

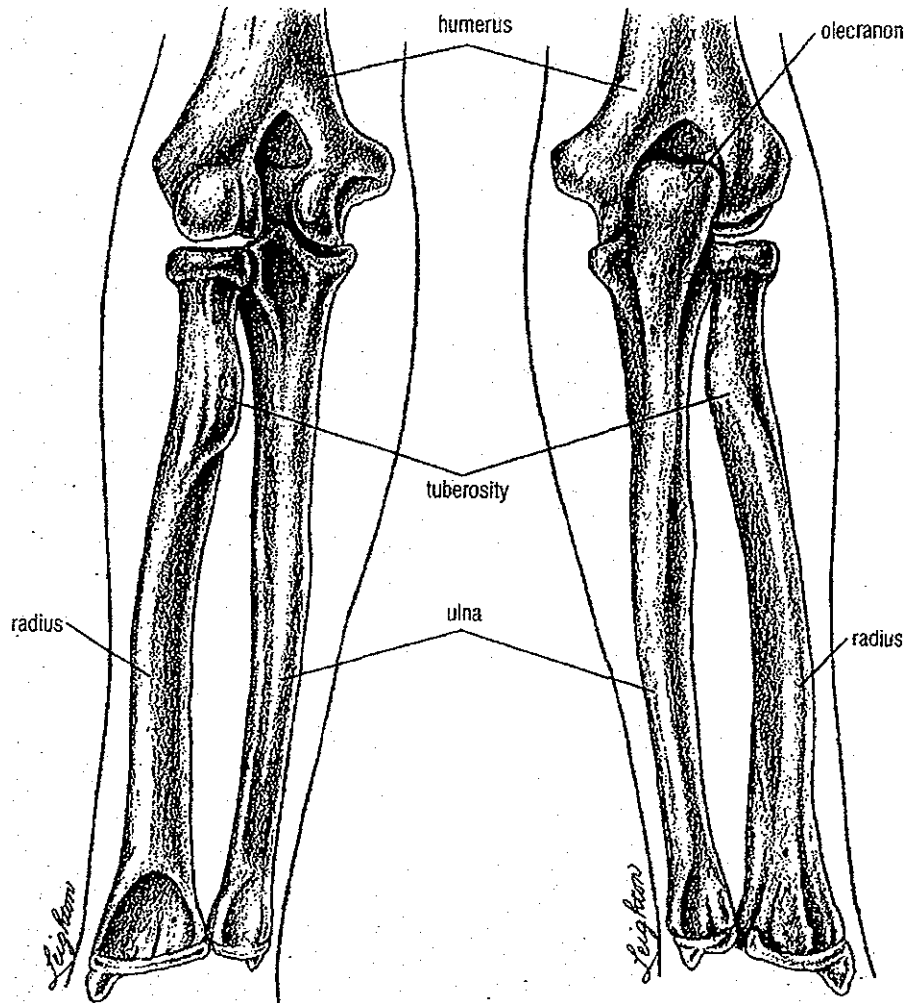


Shoulder; bones; posterior view; normal

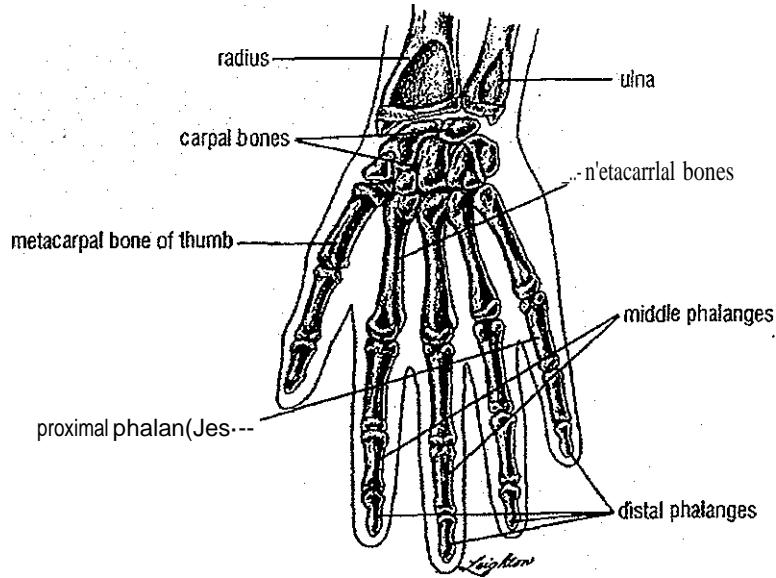


Elbow & forearm; bones;  
anterior view; normal

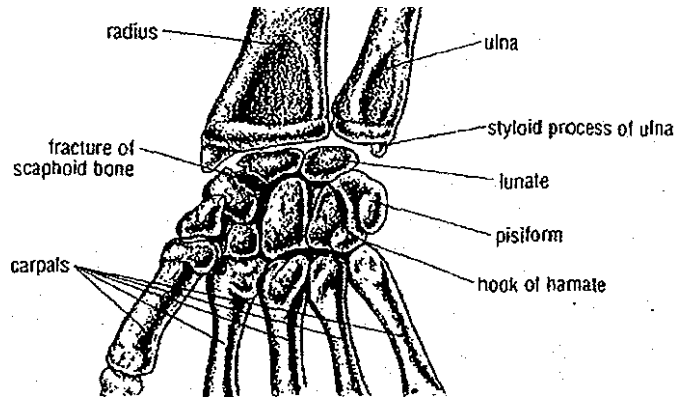
Elbow & forearm; bones;  
posterior view; normal



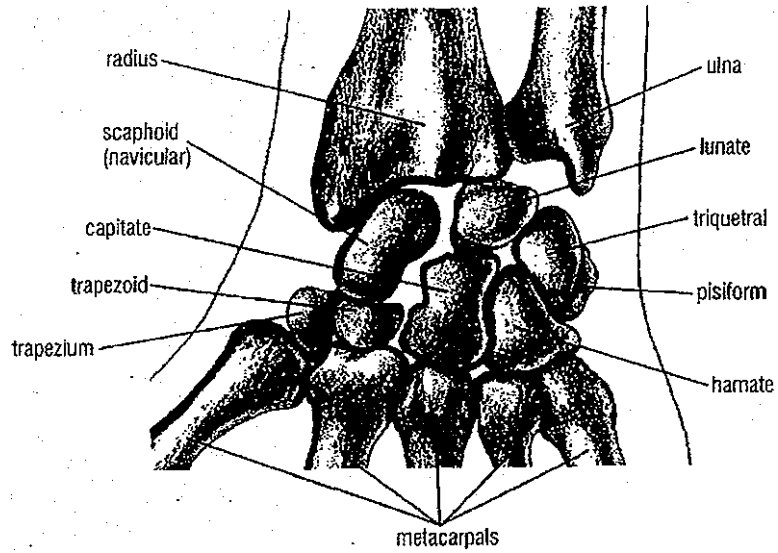
Wrist & hand; bones; palmar view; normal



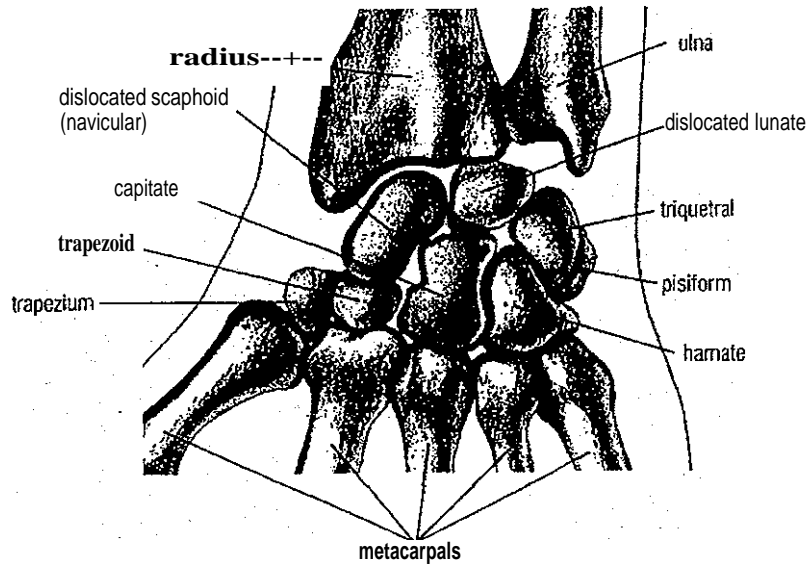
Wrist & hand; scaphoid fracture; palmar view; trauma



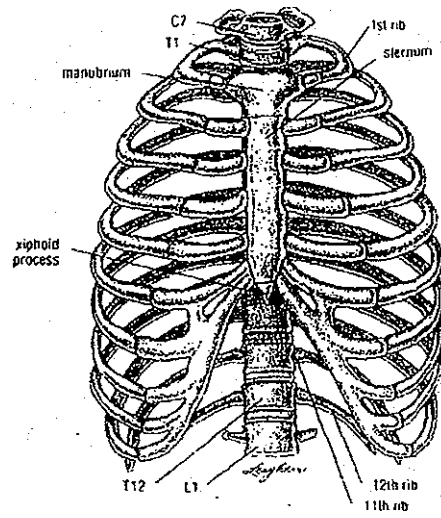
Wrist & hand; wrist bones; dorsal view; normal



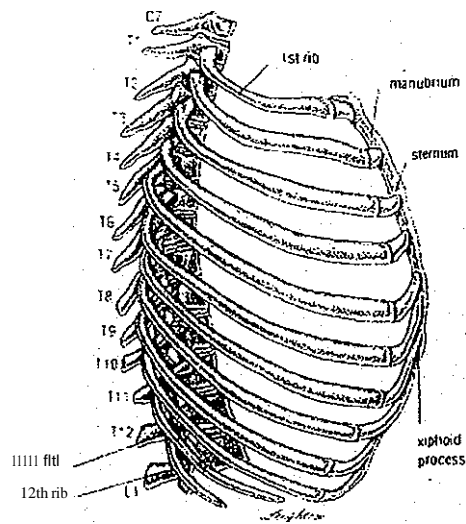
Wrist & hand; carpal dislocation; dorsal view; trauma



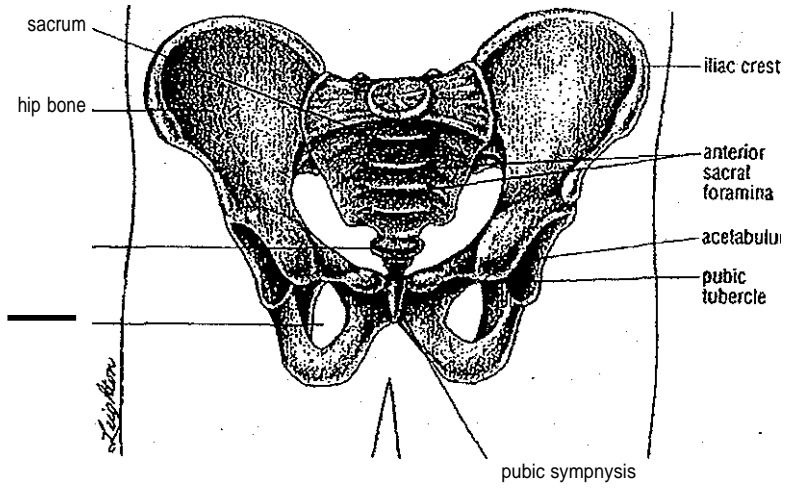
Ribs; rib cage; anterior view; normal



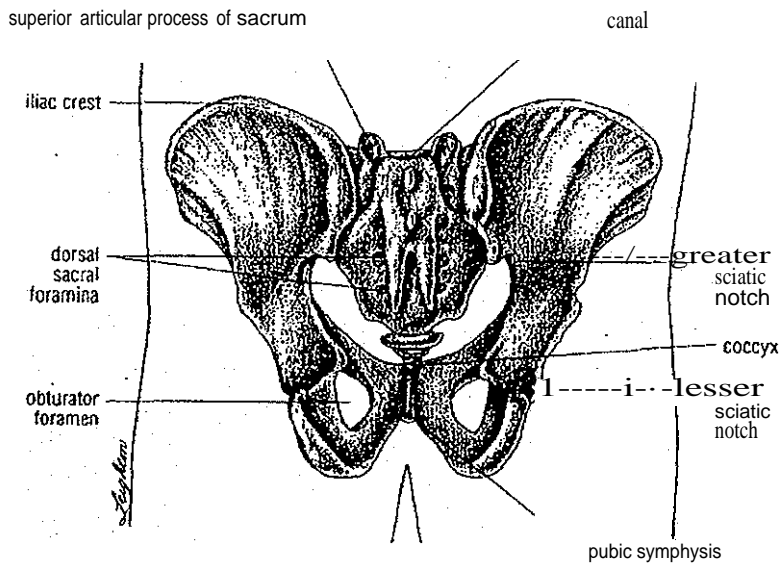
Ribs; rib cage; lateral view; normal



Pelvis, hip & thigh; male pelvis; anterior view; normal

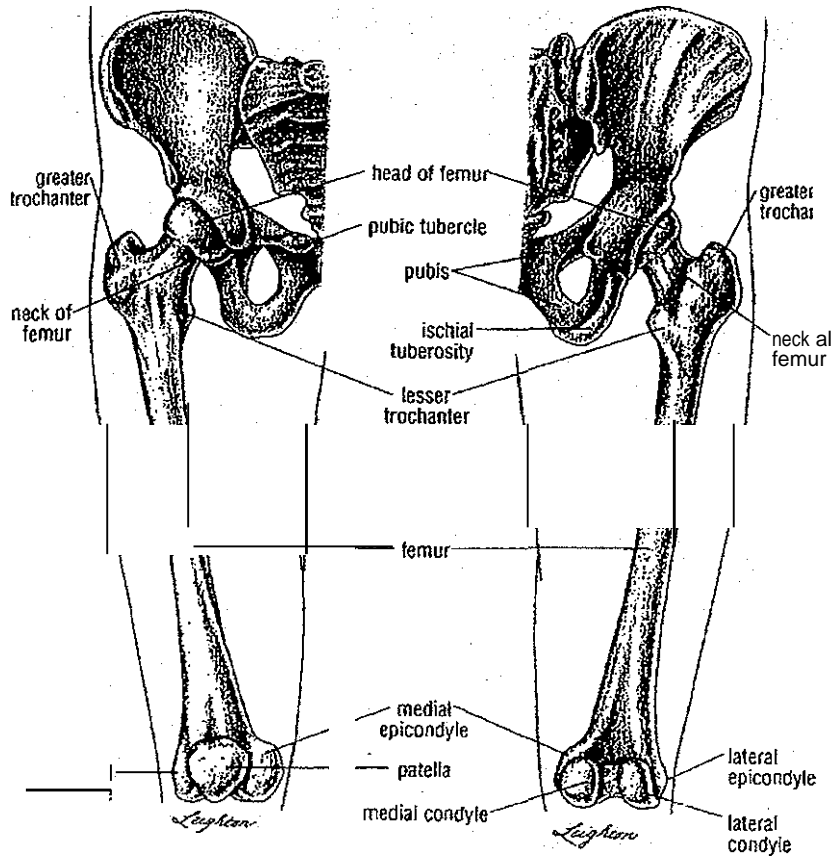


Pelvis, hip & thigh; male pelvis; posterior view; normal

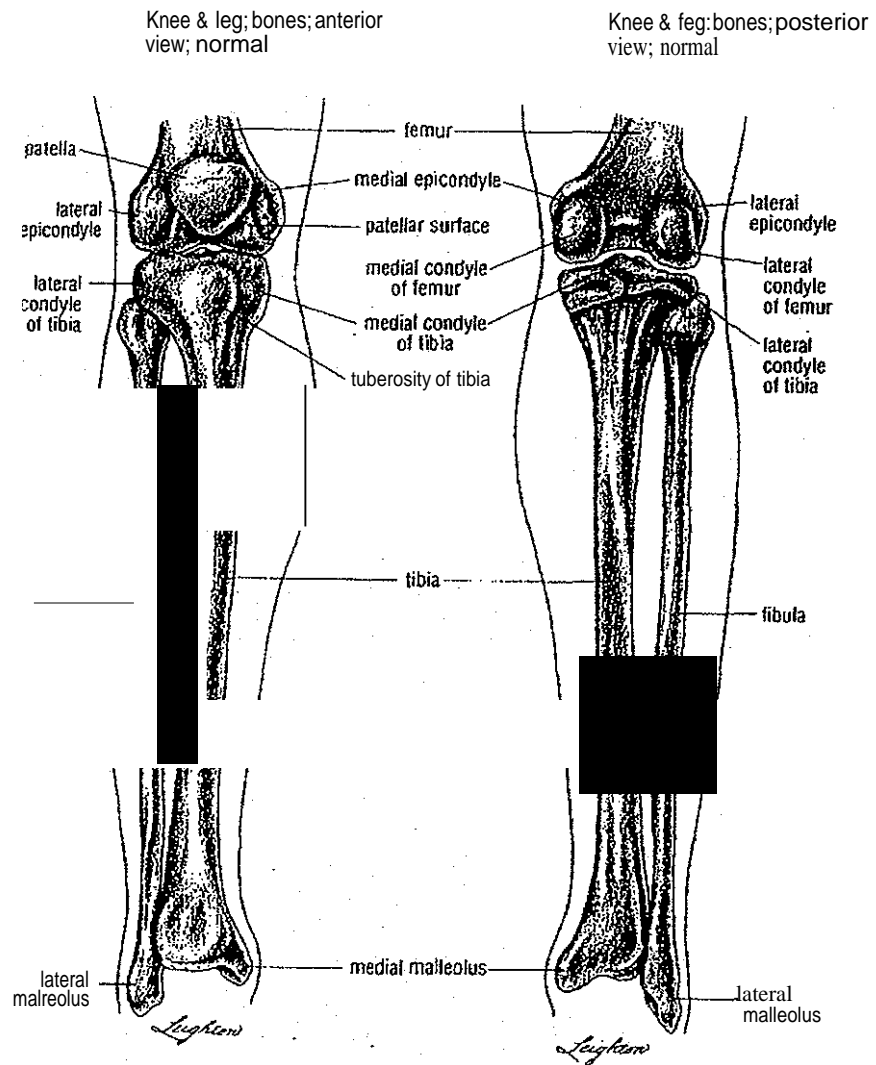


Pelvis, hip & thigh; hip joint; anterior view; normal

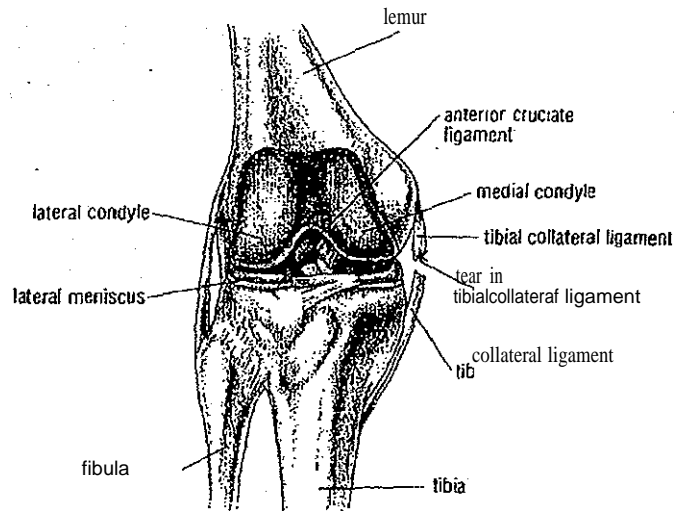
Pelvis, hip & thigh; hip joint; posterior view; normal



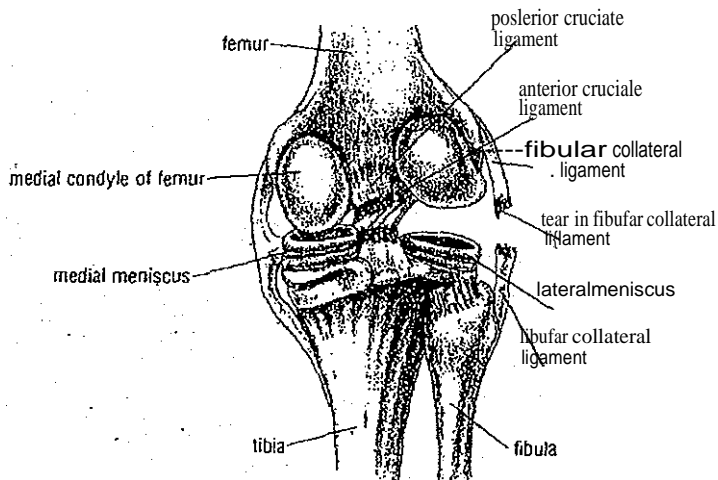




Knee & leg; anterior cruciate & medial collateral ligament tears; anterior view; trauma



Knee & leg; posterior cruciate & fibular collateral ligament tears; posterior view; trauma



Ankle & foot; bones; dorsal view; normal

